

**WEAKLEY COUNTY LOCAL EDUCATION  
HEALTH INSURANCE RATES  
EFFECTIVE JANUARY 1, 2016**

PLAN	PLAN TYPE	TOTAL PREMIUM	COUNTY SHARE	EMPLOYEE SHARE
<b>BLUE CROSS BLUE SHIELD OR CIGNA</b>				
PARTNERSHIP PPO	EMPLOYEE ONLY	\$ 540.71	\$ 432.57	\$ 108.14
	EMPLOYEE+CHILD(REN)	892.18	608.30	283.88
	EMPLOYEE+SPOUSE	1,054.39	689.41	364.98
	FAMILY	1,405.85	865.14	540.71
STANDARD PPO	EMPLOYEE ONLY	\$ 565.71	\$ 452.57	\$ 113.14
	EMPLOYEE+CHILD(REN)	917.18	628.30	288.88
	EMPLOYEE+SPOUSE	1,104.39	721.91	382.48
	FAMILY	1,455.85	897.64	558.21
LIMITED PPO	EMPLOYEE ONLY	\$ 346.06	\$ 276.85	\$ 69.21
	EMPLOYEE+CHILD(REN)	571.00	389.32	181.68
	EMPLOYEE+SPOUSE	674.81	441.22	233.59
	FAMILY	899.75	553.69	346.06
HealthSavings CDHP	EMPLOYEE ONLY	\$ 321.06	\$ 256.85	\$ 64.21
	EMPLOYEE+CHILD(REN)	529.75	361.19	168.56
	EMPLOYEE+SPOUSE	626.06	409.35	216.71
	FAMILY	834.75	513.69	321.06
HEALTH SAVINGS ACCOUNT COUNTY CONTRIBUTION	EMPLOYEE ONLY	\$500 - PAID (1) TIME; PRORATED AFTER 1/15/16		
	EMPLOYEE+CHILD(REN)	\$1,000 - PAID (1) TIME; PRORATED AFTER 1/15/16		
	EMPLOYEE+SPOUSE	\$1,000 - PAID (1) TIME; PRORATED AFTER 1/15/16		
	FAMILY	\$1,000 - PAID (1) TIME; PRORATED AFTER 1/15/16		

**WEAKLEY COUNTY PAYS 80% OF THE TOTAL PREMIUM OF THE  
EMPLOYEE ONLY COST PLUS 50% OF THE ADDITIONAL COST FOR  
DEPENDENTS. WEAKLEY COUNTY IS PREMIUM LEVEL 1.**

<b>DENTAL INSURANCE RATES 1/1/2016</b>			
<b><u>CIGNA PREPAID PLAN</u></b>		<b><u>METLIFE DPPO PLAN</u></b>	
EMPLOYEE ONLY	\$12.61	EMPLOYEE ONLY	\$21.51
EMPLOYEE + CHILD(REN)	\$26.18	EMPLOYEE + CHILD(REN)	\$49.46
EMPLOYEE + SPOUSE	\$22.35	EMPLOYEE + SPOUSE	\$40.69
FAMILY	\$30.73	FAMILY	\$79.62
<b>VISION INSURANCE RATES 1/1/2016</b>			
<b><u>BASIC</u></b>		<b><u>EXPANDED</u></b>	
EMPLOYEE ONLY	\$3.35	EMPLOYEE ONLY	\$5.86
EMPLOYEE + CHILD(REN)	\$6.69	EMPLOYEE + CHILD(REN)	\$11.72
EMPLOYEE + SPOUSE	\$6.35	EMPLOYEE + SPOUSE	\$11.14
FAMILY	\$9.83	FAMILY	\$17.23